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2292 7399 05/18/2009
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/560,241	12/12/2005	Koji Hayashi	20-5449(PUS1)	1478

TITLE OF INVENTION: FREEZER APPARATUS

APPN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/18/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
NORMAN, MARC R.	1744	062-222000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- Change of correspondence address for Change of Correspondence Address form PTO/SB/122 attached.
- "Fee Address" indication for "Fee Address" Indication form PTO/SB/122, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Birch, Stewart, Kolasch & Birch, LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Daikin Industries, Ltd.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Osaka-shi, Osaka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fees are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies **Four (4) copies**

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2036 is attached.
- The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number **02-2448** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2)
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature 

Date **August 17, 2009**

Registration No. **40,439**

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